

www.mass.gov/abcc

LICENSE NUMBER	C: 005400003		CITY OR TOV	VN AUBURN	
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	A.C. FOUND	ATION INC			
DOING BUSINESS	A				
ADDRESS 49 CENT	ΓRAL ST				
CITY/TOWN: AUI	BURN	STATE: MA	ZIP CODE	: 01501	
	TORA, HAEL E.	TYPE OF LICENSE: C	llub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PR	EMISES:			
ONE FLOOR TWO	ROOMS ONE S	STOCK ROOM			
I hereby certify and s	wear under pen	alties of perjury that:			
1. the renew	ed license will b	be of the same type for the	ne same premises i	now licensed;	
2. the license	ee has complied	with all laws of the Cor	nmonwealth relati	ng to taxes; and	
3. the premi	ses are now ope	n for business (If not exp	olain below)		
SIGNED BY  DATE:		artner or Authorized Cor		WED IDENTIFICATI	NON NHIMDER.
DAIL.	TELEPI	HONE NUMBER:		YER IDENTIFICAT  Individual Social S	
Acts of 2004, signed	d by the buildin	e are in possession (1) t ng inspector and the he ate of liquor liability ins	ad of the fire dep	artment for the	above
Please Check Below:			LOCAL LICI	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	1111)				
DATE:					
APPLICATION FOR RENEW	VAL MUST BE FILED	D BY LICENSEES DURING THE	MONTH OF NOVEMBE	ER (M.G.L. Ch. 138 \$ 1	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 005400005	C	ITY OR TOWN AUBURN
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: AUBURN SPO	ORTSMAN'S CLUB INC	
DOING BUSINESS A		
ADDRESS 00050A ELM ST		
CITY/TOWN: AUBURN	STATE: MA	ZIP CODE: 01501
MANAGER: Baribeault, Cheryl	TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PRI ONE FLOOR SEVEN ROOMS PLU I hereby certify and swear under pena 1. the renewed license will b 2. the licensee has complied 3. the premises are now open	US PORCH alties of perjury that: be of the same type for the same with all laws of the Common	me premises now licensed; nwealth relating to taxes; and
Individual, Pa	rtner or Authorized Corporat	te Officer
DATE: TELEPH	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildin	g inspector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUMBER: 005400006		CITY OR TOWN	AUBURN	
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: TROY'S INC.				
DOING BUSINESS A TROY'S				
ADDRESS 125 OXFORD ST				
CITY/TOWN: AUBURN	STATE: MA	ZIP CODE:	01501	
MANAGER: TROY, DAVID L. TY	TE OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	ISES:			
LOUNGE ON FIRST FLOOR, KITCHE	EN IN REAR,STORAG	GE IN BASEMEN	Γ	
I hereby certify and swear under penaltie	es of perjury that:			
1. the renewed license will be of	• •			
2. the licensee has complied wit		C	to taxes; and	
3. the premises are now open fo	r business (If not expla	nin below)		
DATE.	er or Authorized Corpo	EMPLOYE		CION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	e certificate requir I of the fire depart	ed by Chapt ment for the	er 304 of the above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
(II disapproved explain)				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 16	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	CR: 005400007		CITY OR TOWN	AUBURN	
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICE	NSED FOR 20	013 YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 10 PRO	S A CHUCK'S STEA				
CITY/TOWN: AU	JBURN	STATE: MA	ZIP CODE:	01501	
	NDREGAN, TY EPHEN F.	PE OF LICENSE:	Restaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS	1:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
	F LICENSED PREMI				
	G, FIVE ROOMS CE		AGE		
<ol> <li>the rene</li> <li>the licen</li> </ol>	swear under penaltie wed license will be of see has complied with hises are now open for	the same type for the all laws of the Co	mmonwealth relating		
SIGNED BY	Individual, Partne	r or Authorized Co	rporate Officer		
DATE:	TELEPHON	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, sign	ed, attest that we are ed by the building in I (2) the certificate o	spector and the h	ead of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 005400008	CI	TY OR TOWN AUBURN
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CENTURY SI	PORTSMAN'S CLUB INC	
DOING BUSINESS A		
ADDRESS ROCHDALE ST		
CITY/TOWN: AUBURN	STATE: MA	ZIP CODE: 01501
MANAGER: BYLUND, JOEL	TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED PRIONE ROOM UPSTAIRS, TWO ROOM I hereby certify and swear under pena 1. the renewed license will b 2. the licensee has complied 3. the premises are now open SIGNED BY	OMS DOWNSTAIRS AND S	TORAGE DOWNSTAIRS  the premises now licensed; wealth relating to taxes; and below)
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buildin		
of 2010.	te of liquor liability insuran	ce required by Chapter 116 of the Acts
of 2010.  Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	L	COCAL LICENSING AUTHORITY By:



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LICENSE NUMBER: 005400	013	CITY OR TOWN AUBURN	
APPLICATION FOR RENEW	VAL: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: TWENT	ΓY ONE CORP.		
DOING BUSINESS A YONG	SHING		
ADDRESS 80 AUBURN STR	ŒET		
CITY/TOWN: AUBURN	STATE: MA	ZIP CODE: 01501	
MANAGER: CHAO, MICH CHIH CHIEN	AEL TYPE OF LICENSE: Re	estaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	_
DESCRIPTION OF LICENSE	D PREMISES:		
DINING ROOM, LOUNGE A WOODEN PATIO DECK.	.ND KITCHEN ON FIRST FL	OOR, CELLA R FOR STORAGE	E, ALSO
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	e same premises now licensed;	
2. the licensee has cor	nplied with all laws of the Com	monwealth relating to taxes; and	
3. the premises are no	w open for business (If not exp	lain below)	
SIGNED BY			
Individ	ual, Partner or Authorized Corp	oorate Officer	
D 4 1777			
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICAT	
		(Note: NOT Individual Social S	security Number)
Acts of 2004, signed by the b	ouilding inspector and the hea	ne certificate required by Chapt ad of the fire department for the urance required by Chapter 116	above
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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LICENSE NU	MBER: 005400015		C	TITY OR TO	NN AUBUR	RN
APPLICATIO	N FOR RENEWAL:	Annu	al	LIC	CENSED FOR	2 2013
		CLAS	SS			YEAR
DOING BUSI	AME: CHESTER P. T NESS A BANCROFT ST	UTTLE POST #2	279 AME	RICAN LEG	ION	
CITY/TOWN:	AUBURN	STATE:	MA	ZIP CODE	i: 01501	
MANAGER:	ERICKSON, THAROLD	ΓΥΡΕ OF LICEN	SE:Resta	urant	CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER	YOUR EMAI	L ADDRESS		
DESCRIPTIO	N OF LICENSED PREI	MISES:				
BASEMENT,	LOUNGE AND STORA	AGE. FIRST FLO	OOR DIN	ING ROOM	, KITCHEN	
I hereby certify	y and swear under penal	ties of perjury tha	ıt:			
1. the	renewed license will be	of the same type	for the sa	me premises	now licensed;	
2. the	licensee has complied w	vith all laws of the	e Commo	nwealth relati	ng to taxes; a	nd
3. the	premises are now open	for business (If no	ot explain	below)		
SIGNED BY	Individual, Part	ner or Authorized	l Corpora	te Officer		
DATE:	TELEPHO	ONE NUMBER:				CATION NUMBER:
Acts of 2004,	rsigned, attest that we signed by the building e and (2) the certificate	inspector and th	ne head o	f the fire dep	artment for	the above
Please Check Bel	ow:			LOCAL LIC	ENSING AUT	ΓHORITY
APPROVED:				By:		
DISAPPROVI (If disapproved						
(11 GISHPPIOVO						
DATE:						
APPLICATION FOR	R RENEWAL MUST BE FILED E	BY LICENSEES DURIN	G THE MON	TH OF NOVEMB	ER (M.G.L. Ch. 138	3 \$ 16A)



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LICENSE NU	MBER: 005400018		CITY OR TOWN AUBURN	N
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: PAPADOPOULO	S & GILANTZIS, IN	NC.	
DOING BUSI	NESS A HOLIDAY PIZZ	A		
ADDRESS 71	4 SOUTHBRIDGE ST			
CITY/TOWN	: AUBURN	STATE: MA	ZIP CODE: 01501	
MANAGER:	PAPADOPOULOS, TY	PE OF LICENSE: R	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMI	SES:		
TWO ROOMS	S,ONE FLOOR			
I hereby certify	y and swear under penalties	s of perjury that:		
1. the	renewed license will be of	the same type for th	e same premises now licensed;	
2. the	licensee has complied with	all laws of the Com	nmonwealth relating to taxes; and	l
3. the	premises are now open for	business (If not exp	plain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Acts of 2004,	signed by the building in	spector and the hea	he certificate required by Chap ad of the fire department for th surance required by Chapter 1	ie above
Please Check Bel	low:		LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)		<del></del>	
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILED BY I	ICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBI	2K:005400019		CITY OR TOWN A	UBUKN
APPLICATION FO	OR RENEWAL:	Annual	LICENSEI	D FOR 2013
		CLASS		YEAR
LICENSEE NAME	E: AUBURN-WE	EBSTER LODGE,NO.2	118	
DOING BUSINES	S A			
ADDRESS 750 SC	OUTHBRIDGE ST			
CITY/TOWN: AU	UBURN	STATE: MA	ZIP CODE: 0	01501
MANAGER: CO WI	AKLEY, LLIAM T.	TYPE OF LICENSE:C	lub CATI	EGORY: All Alcohol
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PRE	EMISES:		
TWO FLOORS, SI	EVEN ROOMS			
I hereby certify and	l swear under pena	alties of perjury that:		
1. the rene	wed license will be	e of the same type for th	e same premises now lice	ensed;
2. the licer	nsee has complied	with all laws of the Con	nmonwealth relating to ta	xes; and
3. the pren	nises are now oper	n for business (If not exp	olain below)	
SIGNED BY	Individual, Par	rtner or Authorized Corp	oorate Officer	
DATE:	TELEPH	HONE NUMBER:		ENTIFICATION NUMBER: dual Social Security Number)
Acts of 2004, sign	ed by the buildin	g inspector and the hea	he certificate required bad of the fire departmen surance required by Cha	nt for the above
Please Check Below:			LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	olain)			
DATE:				
APPLICATION FOR REN	EWAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L	Ch. 138 \$ 16A)



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	MBER: 005400021		CITY OR TOWN AL	JBURN
APPLICATION	N FOR RENEWAL	: Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: HALLIGAN	N'S ROYAL LOUNGE LLC		
DOING BUSIN	NESS A ROYAL L	OUNGE		
ADDRESS 889	9 SOUTHBRIDGE	ST		
CITY/TOWN:	AUBURN	STATE: MA	ZIP CODE: 01	.501
MANAGER:	ANDERSON, STEPHEN	TYPE OF LICENSE: Re	staurant CATE	GORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	WAIL ADDRESS	
	N OF LICENSED P			
	K50 BANQUET RO FRESTAURANT	OOM, 38 X 60 USED ONLY	FOR SPECIAL FUNCT	FIONS AND NOT
I hereby certify	and swear under pe	enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the	same premises now lices	nsed;
2. the !	licensee has complie	ed with all laws of the Comr	nonwealth relating to tax	es; and
3. the 1	premises are now of	pen for business (If not expl	ain below)	
SIGNED BY				
	Individual,	Partner or Authorized Corpo	orate Officer	
DATE:	TELE	EPHONE NUMBER:		NTIFICATION NUMBER:
			(Note: <u>NOT</u> Individu	al Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) th ling inspector and the head cate of liquor liability insu	d of the fire department	for the above
Please Check Belo	ow:		LOCAL LICENSING	AUTHORITY
			By:	
APPROVED:			2).	
DISAPPROVE			Dy.	
DISAPPROVE				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 005400025		CITY OR TOWN AUBUR	CIN .
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME:	SHIV PANCHAM	CORPORATION, IN	NC	
DOING BUSINESS	A AUBURN PACK	AGE STORE		
ADDRESS 196 AU	BURN STREET			
CITY/TOWN: AU	BURN	STATE: MA	ZIP CODE: 01501	
MANAGER: PAT	EL, KRISHNA TYP	E OF LICENSE: Pac	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS	
	LICENSED PREMIS			
ONE FLOOR FOR	SELLING AND STOR	RAGE,BASEMENT	FOR STORAGE	
	swear under penalties	=		
			same premises now licensed;	
	-		nonwealth relating to taxes; an	nd
3. the premi	ses are now open for l	ousiness (If not expla	ain below)	
SIGNED BY			0.00	
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TEL EDITOR		EMPLOYER IDENTIFIC	CATION NUMBER
DITTE.	TELEPHONI	E NUMBER:	(Note: NOT Individual Soci	
				,
Di Ci i Di				
Please Check Below: APPROVED:			LOCAL LICENSING AUT	ΓHORITY
DISAPPROVED:			By:	
(If disapproved expl	ain)			
DATE:				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	005400026		CITY OR TOWN A	MUDUKIN	
APPLICATION FOR	RENEWAL:	Annual	LICENSE	ED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS A ADDRESS 683 SOUT					
CITY/TOWN: AUBU	JRN	STATE: MA	ZIP CODE:	01501	
MANAGER: FREIT A.	AS,ALBERT TYPE	OF LICENSE: Pac	ckage Store CAT	EGORY: All Alcohol	l
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI ONE FLOOR, CELLA		S:			
2. the licensee		l laws of the Companies (If not expl			
					_
DATE:	TELEPHONE	NUMBER:		DENTIFICATION NUMBER: dual Social Security Number)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL LICENSIN By:	G AUTHORITY	
DATE:			-		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 005400027		CITY OR TOWN	AUBURN
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	SHREE KRIPA	CORP.		
DOING BUSINESS	A MASS DISCO	UNT LIQUORS		
ADDRESS 844 SOU	JTHBRIDGE STR	E		
CITY/TOWN: AUI	BURN	STATE: MA	ZIP CODE:	01501
MANAGER: BHA SAC		YPE OF LICENSE: P	Cackage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREM	MISES:		
SELLING AREA,OI EXITS AT FRONT		,COOLER AND LAV	ATORY WITH ENT	RANCES AND
2. the licens	ee has complied w		ne same premises now nmonwealth relating to plain below)	
SIGNED BY	Individual, Parti	ner or Authorized Cor	porate Officer	
DATE:	TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 005400028		CITY OR TOWN AUBURN	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 20	)13
	CLASS		YEAR
LICENSEE NAME: G & J LIQUOR	S INC.		
DOING BUSINESS A			
ADDRESS 87 SOUTHBRIDGE STRI	EΕ		
CITY/TOWN: AUBURN	STATE: MA	ZIP CODE: 01501	
MANAGER: JREIJ, GEORGE T	YPE OF LICENSE: Pack	cage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREM	AISES:		
ONE FLOOR, FIVE ROOMS			
I hereby certify and swear under penalt	=		
1. the renewed license will be	* *	•	
•		onwealth relating to taxes; and	
3. the premises are now open:	or business (If not explain	in below)	
SIGNED BY		0.00	
Individual, Part	ner or Authorized Corpor	ate Officer	
DATE:		EMPLOYED IDENTIFICAT	NON MIN (DED
TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICAT (Note: <u>NOT</u> Individual Social S	
		(1997) <u>1992</u> Maryadan Boolan B	ceanty rumber)
Please Check Below: APPROVED:		LOCAL LICENSING AUTHO	ORITY
DISAPPROVED:		By:	
(If disapproved explain)			
· ·			
DATE:			



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LICENSE NUMBE	ER: 005400033		CITY OR TOWN	AUBURN	
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 793 SO		C.			
CITY/TOWN: AU	JBURN	STATE: MA	ZIP CODE:	01501	
MANAGER: Me	deiros, Donna TY	PE OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
<ol> <li>the rene</li> <li>the licen</li> </ol>	swear under penaltie wed license will be of usee has complied with nises are now open for	f the same type for the hall laws of the Com	monwealth relating t		
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:			ION NUMBER: ecurity Number)
Acts of 2004, sign	ed, attest that we are ed by the building in l (2) the certificate o	spector and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	] 		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 005400037		CITY OR TOWN AUBU	RN
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	R 2013
	CLASS		YEAR
LICENSEE NAME: T.N.Z., INC			
DOING BUSINESS A			
ADDRESS 310 WASHINGTON ST			
CITY/TOWN: AUBURN	STATE: MA	ZIP CODE: 01501	
MANAGER: EL-NEMR, TONY TYPE	E OF LICENSE: Pac	kage Store CATEGOI	RY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISE	ES:		
ONE MAIN LARGE ROOM FOR RETAIL ROOM, TWO BATHROOMS, TWO STO BASEMENT			
<ol> <li>the renewed license will be of th</li> <li>the licensee has complied with a</li> <li>the premises are now open for b</li> </ol>	all laws of the Comm	nonwealth relating to taxes; a	
SIGNED BY Individual, Partner of	or Authorized Corpo	rate Officer	
DATE: TELEPHONE	NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AU By:	THORITY
DATE:  APPLICATION FOR RENEWAL MUST BE FILED BY LIC	FINSEES DURING THE MA	ONTH OF NOVEMBER (M.G.L. Ch. 12	38 \$ 16A)



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LICENSE NU	MBER: 005400039		CITY OR TOWN AUBUR	IN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: AUBURN TO	WN PIZZA INC.		
DOING BUSI	NESS A			
ADDRESS 69	AUBURN ST			
CITY/TOWN	: AUBURN	STATE: MA	ZIP CODE: 01501	
MANAGER:	VELENTZAS, DIMOS	TYPE OF LICENSE: Rest	caurant CATEGORY	Y: Wine and Malt Regular
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
	N OF LICENSED PRE			
ENTRANCE .	AND EXIT ON AUBU	RN ST		
				<del></del>
I hereby certif	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the s	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comm	onwealth relating to taxes; an	d
		for business (If not explain		
	r	(		
GIGNED DV				
SIGNED BY		tner or Authorized Corpor	rate Officer	
	,			
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	al Security Number)
XX7 41 1		. (1) (1		4 204 641
			certificate required by Cha of the fire department for t	
			ance required by Chapter 1	
of 2010.				
Please Check Bel	low:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROV	ED:		·	
(If disapprove	d explain)		-	
D 4 (T) E				
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 005400041		CITY OR	TOWN	AUBURN	
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS	A APPLEBEE'S N		O GRILL & BAH	₹		
ADDRESS 680 SOU						
CITY/TOWN: AU	BURN	STATE: 1	MA ZIP CO	ODE:	01501	
	NNISON, TY FIE S.	PE OF LICENSE	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W		OUR EMAIL ADDRESS			
DESCRIPTION OF	LICENSED PREMI	SES:				
2. the licens	wed license will be of see has complied with ises are now open for Individual, Partne	h all laws of the C business (If not	Commonwealth r explain below)	elating to		
DATE:	TELEPHON	NE NUMBER:				TON NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are d by the building in (2) the certificate of	spector and the	head of the fire	departi	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL By:	LICENS	SING AUTHO	ORITY



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 005400043		CITY OR TOWN	AUBURN
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	OUTBACK STEAK	HOUSE OF FLO	RIDA,LLC	
DOING BUSINESS	A OUTBACK STEAD	KHOUSE		
ADDRESS 771 SOU	JTHBRIDGE STREET	7		
CITY/TOWN: AU	BURN	STATE: MA	ZIP CODE:	01501
	C LEOD, TYPE LISTOPHER D.	E OF LICENSE: R	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	ES:		
2. the licens	yed license will be of the see has complied with a ses are now open for b	ll laws of the Con	nmonwealth relating to	
SIGNED BY	Individual, Partner o	r Authorized Corp	oorate Officer	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004, signe	d by the building insp	ector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 005400045		CITY OR TOWN AUBUR	N
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 711 SOU	A AUBURN PARK			
CITY/TOWN: AUI	BURN	STATE: MA	ZIP CODE: 01501	
MANAGER: KUN	KEL, GERARDTYI	PE OF LICENSE:Pac	ckage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
ONE FRONT ENTR	RANCE AND EXIT.	FOUR REAR EXITS	S	
				_ _
	ses are now open for	business (If not expl		1
	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENSING AUT By:	HORITY
DATE:			-	



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 005400	046	CITY OR TOWN	AUBURN	
APPLICATION FOR RENEW	VAL: Annual	LICEN	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: PEPPEI	R DINING,INC.			
DOING BUSINESS A CHILI	'S GRILL & BAR			
ADDRESS NW QUADRANT				
CITY/TOWN: AUBURN	STATE: MA	ZIP CODE:	01501	
MANAGER: Parker, Christo	opher TYPE OF LICENSE: R	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSE	O VISIT OUR WEBSITE AND ENTER YOUR ED PREMISES:	EMAIL ADDRESS		
I hereby certify and swear und	er penalties of perjury that:			
1. the renewed license	e will be of the same type for th	e same premises now	licensed;	
2. the licensee has con	nplied with all laws of the Con	nmonwealth relating to	taxes; and	
3. the premises are no	w open for business (If not exp	olain below)		
SIGNED BY Individe	ual, Partner or Authorized Corp	porate Officer		
D. 1000				
DATE: T	ELEPHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signed by the b	hat we are in possession (1) to building inspector and the hea rtificate of liquor liability ins	ad of the fire departr	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: [If disapproved explain]				
(11 disapproved expiain)				
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 005400047		CITY OR TOWN AUDUR	IN
APPLICATIO:	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
		S FORREST ENTERPRIS QUARE KWIK STOP	ES INC.	
ADDRESS 32	1 Southbridge St			
CITY/TOWN:	AUBURN	STATE: MA	ZIP CODE: 01501	
MANAGER:	ARMSTRONG, JOHN	TYPE OF LICENSE: Pa	ackage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
gas and conver	nience store			
3. the SIGNED BY		pen for business (If not exp		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 005400048		CITY	OR TOWN	AUBURN	
APPLICATION FOR	R RENEWAL:	Annua	I	LICEN	SED FOR 20	013
		CLASS	3			YEAR
LICENSEE NAME: DOING BUSINESS		N CUISINE				
ADDRESS 711 SOU	JTHBRIDGE ST					
CITY/TOWN: AUI	BURN	STATE:	MA ZI	P CODE:	01501	
MANAGER: ZOU	,MIN TY	PE OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL ADDI	RESS		ı
DESCRIPTION OF FIRST FLOOR LOC DINING ROOM, KI	CATED 711 SOUTH TCHEN, RESTROC	BRIDGE ST.CO	RANCE, TEC		T. SEPARE	ΓED
2. the license	red license will be of ee has complied with ses are now open for	the same type for all laws of the	or the same process. Commonweal	lth relating to		
SIGNED BY	Individual, Partne	r or Authorized (	Corporate Of	ficer		
DATE:	TELEPHON	VE NUMBER:	(I			ION NUMBER:
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building in	spector and the	head of the	fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOC By:	'AL LICENS	ING AUTHO	ORITY
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0054	400049	CIT	Y OR TOWN	AUBURN	
APPLICATION FOR REN	NEWAL:	nnual	LICENS	SED FOR 20	13
	C	CLASS			YEAR
LICENSEE NAME: AUI	BURN CONVENIENCE	LLC			
DOING BUSINESS A					
ADDRESS 33					
CITY/TOWN: AUBURN	STAT	E: MA	ZIP CODE:	01501	
MANAGER: VERMA,F	IERSH TYPE OF LIC	CENSE: Package	e Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLEASE	ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMAIL A	DDRESS		ı
DESCRIPTION OF LICE	NSED PREMISES:				
CONVENIENCE STORE. ZABELLE AVENUE ANI				. THE FRON	T IS ON
	complied with all laws of e now open for business (		_	taxes; and	
SIGNED BY Indi	vidual, Partner or Author	rized Corporate	Officer		
DATE:	TELEPHONE NUMB	ER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		L( B;	OCAL LICENS y:	ING AUTHO	DRITY
DATE:		_			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 005	400050		CITY OR TO	OWN AUBURN	
APPLICATION FOR REN	NEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: AM	F BOWLING CEI	NTERS,INC.			
DOING BUSINESS A AN	MF AUBURN LA	NES			
ADDRESS 101 SOUTHB	RIDGE ST				
CITY/TOWN: AUBURN	I	STATE: MA	ZIP COD	DE: 01501	
MANAGER: HALACY,	JUNE TYPE	OF LICENSE: Re	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					1
PLEASE	E ALSO VISIT OUR WEBSI	TE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF LICE	NSED PREMISES	S:			
50 LANES ,A SNACK BA THE SNACK BAR,PUBL PRIVATE EVENTS ARE	IC COURSE ARE				
I hereby certify and swear	under penalties of	perjury that:			
1. the renewed lic		• •	-		
2. the licensee has	s complied with all	laws of the Com	monwealth rela	ting to taxes; and	
3. the premises are	e now open for bu	siness (If not exp	lain below)		
SIGNED BY Indi	ividual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Individual Social Security Number)		
We the undersigned, atto Acts of 2004, signed by t named license and (2) th of 2010.	he building inspe	ctor and the hea	d of the fire d	epartment for the	above
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain)					
(11 disappioved expiaili)					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 005400051		CITY OR TOWN	AUBURN	
APPLICATION FOR RENEWAL:	Annual	Annual LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: ANDY FOO	D MARKET LLC			
DOING BUSINESS A				
ADDRESS 860 SOUTHBRIDGE	STREET			
CITY/TOWN: AUBURN	STATE: MA	ZIP CODE:	01501	
MANAGER: NGUYEN, THAN	H TYPE OF LICENSE: Pac	ekage Store CA	ATEGORY: Wine and Malt Regular	
EMAIL ADDRESS:				
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED P	REMISES:			
2 ENT/EXITS.ONE LEADING TO DEDICATED TO RETAIL.	O MAIN PART OF STORE	STORE HAS TOTA	AL OF 760 SQ. FT.	
3. the premises are now op	ed with all laws of the Comreen for business (If not explanation)  Partner or Authorized Corpo	ain below)	o taxes; and	
III TOURI, I	artifier of Hamorized Corp.	rate officer		
DATE: TELE	PHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)	
Please Check Below:			ING AUTHORITY	
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
		-		
DATE:				



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LICENSE NUMBER:	005400052		CITY OR TOWN AUBUR	RN .
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 503 WAS	A		BEEF INC.	
CITY/TOWN: AUB	URN	STATE: MA	ZIP CODE: 01501	
MANAGER: GIAN A	AKIS,JESSIC TYP	E OF LICENSE: Res	staurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEI	3SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L				
			E AND BACK. FULL BACK L AREA AND DININ AREA	
I hereby certify and sy				
1. the renewe	d license will be of the	he same type for the	same premises now licensed;	
2. the license	e has complied with	all laws of the Comr	nonwealth relating to taxes; ar	nd
3. the premise	es are now open for b	ousiness (If not expla	ain below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFIC	
Acts of 2004, signed	by the building insp	pector and the head	e certificate required by Chalof the fire department for trance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AUT	ΓHORITY
APPROVED: DISAPPROVED: (If disapproved explain	n)		By:	
, and the state of	,			
DATE:				
DINIE.				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 005400053		CITY OR TOWN	AUBURN		
APPLICATION	N FOR RENEWAL:	Annual	Annual LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NA	AME: AUBURNDAL	E MARKET				
DOING BUSIN	NESS A AUBURNDA	LE MARKET				
ADDRESS 345	5 AUBURN STREET					
CITY/TOWN:	AUBURN	STATE: MA	ZIP CODE:	01501		
MANAGER:	McGONIGLE, WILLIAM	TYPE OF LICENSE: Pa	ckage Store C.	ATEGORY:	Wine and Malt Regular	
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR F	MAIL ADDRESS		_	
	N OF LICENSED PRE					
ENTRY FOR T	ΓHE PUBLIC AND A	APPROX. 1000 SQ FT REAR ENTRY TO TH	E ALLEYWAY FOR		EET	
		R TO REFRIDGE BEEF	R AND WINE			
	and swear under pena					
		e of the same type for the	_			
	=	with all laws of the Com	=	o taxes; and		
3. the	premises are now open	for business (If not exp	ain below)			
SIGNED BY	Individual, Par	tner or Authorized Corp	orate Officer			
	11.01 / 10.001., 1 0.1	or remaining corp	0111 <b>0</b> 1			
DATE:	TEI EDU	IONE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:	
	TELETT	ONE NUMBER.		NOT Individual Social Security Number)		
Please Check Below: APPROVED:			LOCAL LICENSING AUTHORITY			
DISAPPROVED.	ED:		By:			
(If disapproved						
	•					
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 005400054		CITY OR TOWN	AUBURN		
APPLICATION FOR	R RENEWAL:	Annual	LICEN	LICENSED FOR 2013		
		CLASS		,	YEAR	
LICENSEE NAME:	BENTLEY PUB L	LC				
DOING BUSINESS	A					
ADDRESS 602 SOU	THBRIDGE					
CITY/TOWN: AUI	BURN	STATE: MA	ZIP CODE:	01501		
MANAGER: LAU	ZIERE, JANET TYF	'E OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
DESCRIPTION OF FIRST FLOORKIT I hereby certify and s 1. the renew 2. the license	CHENLOUNGE A swear under penalties ed license will be of ee has complied with ses are now open for	SES:  ND DING  of perjury that: the same type for the all laws of the Comn	same premises now nonwealth relating to nin below)			
Acts of 2004, signed	TELEPHON d, attest that we are d by the building ins (2) the certificate of	spector and the head	(Note: NOT Indecentificate required of the fire departs	ed by Chapte nent for the	ecurity Number) er 304 of the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICENS By:	ING AUTHO	DRITY	
DATE:						